



BEST AVAILABLE COPY

Atty Dkt No. 9000-0030.10

USSN: 09/234,733

PATENT

TON ON 2 2 2003 PO I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on JULY /5, 2003.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

JIANG et al.

Confirmation No.: 5673

Serial No.: 09/234,733

Art Unit: 1645

Filing Date: January 21, 1999

Examiner: L. Lee

Title:

CAMP FACTOR OF STREPTOCOCCUS UBERIS

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action of January 22, 2003.

- X Applicants request an extension of time for three months. Enclosed is a check to cover the \$930 fee.
- X No additional fee is required.
- X Also enclosed: postcard.

| r | | Most Claims Extra Previously Paid Claims | | | Additional Fee | | | |
|----|---|--|-----------------|-----------------|------------------------|---------------------------------------|---|---|
| 22 | 1 | 24 | = | • | х | \$18 | = | \$0 |
| 2 | - | 3 | = | 0 | х | \$84 | = | 0 |
| | | | Previously Paid | Previously Paid | Previously Paid Claims | Previously Paid Claims 22 - 24 = • x | Previously Paid Claims 22 - 24 = ● x \$18 | Previously Paid Claims Add 22 - 24 = ■ x \$18 = |

AVAILABLE COPY

Atty Dkt No. 9000-0030.10

USSN: 09/234,733

| P | P | Υ. | Γ | E. | N | T |
|---|---|----|----------|----|---|---|
| | | | | | | |

| C. If amended to contain multiple dependent claims, add 280 | \$280 | = | \$0 |
|---|-------|------|-----|
| D. Total Amendment Fee (Total of A, B & C) | | . 11 | 0 |
| E. If small entity, 50% reduction of Total Amendment Fee (50% of D) | | = | 0 |
| F. Total Amendment Fee (D minus E) | | = | \$0 |

X A check for \$ 930 to cover the extension of time fee and extra claims fee is attached.

Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: $\frac{7/15/63}{}$

Bv:

Roberta L. Robins

Registration No. 33,208

Attorney for Applicants

ROBINS & PASTERNAKL LLP

1731 Embarcadero Road, Suite 230

Palo Alto, CA 94303

Telephone: 650-493-3400

Facsimile: 650-493-3440 Facsimile: 650-493-3440